

## **Self-Administered Physical Fitness Test**

This document is provided to establish a consistent testing and documentation protocol. The test includes the 1.5 mile run followed by push-ups, sit-ups, and finally pull-ups. Please follow the format carefully to ensure consistent results.

You will need the following items to perform the test:

- Watch with seconds
- Assistant i.e. counter, witness, timer
- Running venue, High school track or other measured location
- Pull-up Bar
- Flat surface for push-ups and sit-ups

After indentifying the location for your test and assembling the needed items, document the following with the help of your assistant:

| 1.    | Record running location and time of day:  |
|-------|---|
| 2.    | Warm-up, stretch and make any final preparations as you see fit.  |
| 3.    | Perform the 1.5 mile run and record time in minutes and seconds: 00: :  |
| 4.    | Cool down and rest no more than <b>five minutes</b> .   |
| 5.    | Perform push-ups  |
|       | a. Elbows fully extended, toes on floor, legs, hips, and back straight  |
|       | b. Assistant places upright fist below your chest   |
|       | c. Make contact with testers fist on each repetition  |
|       | d. Record # of reps completed in <b>one minute</b> :  |
| 6.    | Rest no more than <b>one minute</b> .   |
| 7.    | Perform sit-ups   |
|       | a. feet anchored by partner   |
|       | b. knees bent $90^{\circ}$  |
|       | c. hands clasped behind neck  |
|       | d. elbows travel beyond or make contact with knees  |
|       | e. back of shoulders must return to floor   |
|       | f. Record # of reps completed in <b>one minute</b> :  |
| 8.    | Perform Pull-ups (if no pull-up bar available at location, skip to step 9. Perform pull-ups at earliest   |
|       | opportunity)  |
|       | a. Pull body up until neck reaches height of hands.   |
|       | b. Lower body until arms and shoulders are fully extended. Repeat.  |
|       | c. Record # of reps completed without stopping  |
| 9.    | Record finish time of day   |
|       | ratulations you've completed the self administered fitness test. Please sign it to state that the information form is accurate and <b>email to: tcasperson@utah.gov</b> as, |
| Tim C | Casperson   |
|       | Peaks   |
|       | 67-7444   |
| Candi | date's Signature: Assistant's Signature:  |
|       |   |